

*THIS INSTRUMENT IS BEING RERECORDED TO CORRECT THE
SUBDIVISION NAME*

PREPARED BY AND RETURN TO:
TAYLOR JONES & ALEXANDER LTD.
ATTORNEYS AT LAW
P. O. BOX 188
SOUTHAVEN, MS 38671
(662) 342-1300

6/01/06 11:25:04 SS
BK 530 PG 172
DESOTO COUNTY, MS
W.E. DAVIS, CH CLERK

6/14/06 8:15:21
BK 531 PG 339
DESOTO COUNTY, MS
W.E. DAVIS, CH CLERK

CALVIN H. YOUNGBLOOD and wife,
JOY H. YOUNGBLOOD
GRANTOR(S)

WARRANTY

TO

DEED

JOHN F. GRIFFIS and
DAVID B. GRIFFIS
GRANTEE(S)

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00) cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, I, **CALVIN H. YOUNGBLOOD and wife, JOY H. YOUNGBLOOD** do hereby sell, convey, and warrant unto **JOHN F. GRIFFIS and DAVID B. GRIFFIS** the land and all appurtenances thereon lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

Lot 225, Section "B", DELTA RIDGE ~~MOBILE HOME PARK~~ SUBDIVISION, in Section 5, Township 3 South, Range 9 West, as per plat of record in Plat Book 9, Pages 33-40 in the Chancery Clerk's Office of DeSoto County, Mississippi.

PARCEL NO. 3093-0501-0-00225.00

The above property is the same property conveyed to Calvin H. Youngblood and wife, Lillian E. Youngblood as tenants by the entirety with the right of survivorship and not as tenants in common by Warranty Deed of record in Book 111, Page 236 in the Chancery Clerk's Office of DeSoto County, Mississippi. Lillian E. Youngblood passed away on March 21, 2003. Joy Youngblood joins in the execution of this Warranty Deed to convey any interest she has in the above described property as to her marital interest to Calvin H. Youngblood.

The warranty in this deed is subject to subdivision restrictions, building lines and easements as shown on the recorded plat, any covenants of record; rights of ways and easements for public roads and public utilities, to building, zoning, subdivision and health department regulations in effect for DeSoto County, Mississippi. Further subject to the following:

1. All residences in this subdivision, including mobile homes, shall have inside toilets. No outside privies will be permitted.
2. No failure or neglect on the part of the grantor or of any owner of lands embraced in said Delta Ridge Mobile Home Park Subdivision, to demand or insist upon the observance of any provision, requirement, covenant, limitation, restriction or condition herein contained or referred to or to proceed for the restraint of violations thereof, shall be deemed a waiver of such violation or operate as an estoppel to restrain a continuance thereunder; nor shall a waiver thereof, in any particular be deemed a waiver of any other default thereunder, whether of the same or of a different nature; but any such provision, requirement, covenant, limitation, restriction or condition, may be enforced at anytime, notwithstanding violations thereof may have been suffered or permitted theretofore.
3. All lots in the subdivision will have a water service tap at the road property line and are subject to a water service charge by Trinity Water Company under its schedule of rates, terms and conditions on file with the Mississippi Public Service Commission. Any unpaid charge for water service shall be a lien on the property and collectible by proper action at law, or proceeding in Chancery, or enforcement of such lien.
4. All improvements other than mobile home placed upon any lot in the Subdivision shall be of permanent type construction, with exterior of wood, shingles, brick or stone, which preserve the character of the subdivision as an area of attractive vacation cottages and homes. No more than one residential structure shall be placed on any lot. No fence shall be erected more than six feet in height.

Taylor

Taxes for the year 2006 are to be paid by the Grantee.

Possession is to be given on delivery of this Warranty Deed.

WITNESS my signature(s), this the 10th day of May, 2006.

Calvin H. Youngblood
CALVIN H. YOUNGBLOOD

Joy H. Youngblood
JOY H. YOUNGBLOOD

STATE OF MISSISSIPPI

COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority at law, in and for the jurisdiction aforesaid, the within named CALVIN H. YOUNGBLOOD and wife, JOY H. YOUNGBLOOD who acknowledged that they signed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned, as their free act and deed, and for the purposes therein expressed.

GIVEN UNDER MY HAND and seal of office, this the 10th day of May, 2006.

Marilyn J. Crabb
Notary Public

My commission expires: MY COMMISSION EXPIRES 9-7-2007

PROPERTY ADDRESS: 10971 SUNRISE ROAD, HERNANDO, MS. 38632

GRANTORS ADDRESS:

8156 Elmwood
Southaven, miss 38671
Res# 662-342-5245
Bus# 662-342-5245

GRANTEE'S ADDRESS:

10971 Sunrise Road
Hernando, Ms. 38632
Res# 901-496-2600
Bus# 901-382-2660

THIS INSTRUMENT IS PREPARED WITHOUT BENEFIT OF TITLE EXAMINATION FROM INFORMATION FURNISHED TO PREPARER. PREPARER MAKES NO WARRANTIES AS TO TITLE TO THE PROPERTY OR TO THE ACCURACY OF THE INFORMATION FUNISHED.



MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

BK 530 PG 174
BK 531 PG 341



TYPE OR PRINT WITH BLACK INK		FILING DATE	CERTIFICATE OF DEATH STATE OF MISSISSIPPI		STATE FILE NUMBER
DECEASED		APR 10 2003			123-
1. NAME First Middle Last LILLIAN ETOY YOUNGBLOOD		2. SEX FEMALE		3a. HOUR OF DEATH 7:30 P m	
4. RACE (Specify White, Black, American Indian, etc.) White		5a. AGE AT LAST BIRTHDAY 75 Years		5b. MOS 5c. DAYS 5d. HOURS 5e. MINS	
6. DATE OF BIRTH (Month, Day, Year) 3-27-1927		7a. COUNTY OF DEATH DESOTO		8. STATE OF BIRTH MS	
7b. CITY OR TOWN OF DEATH SOUTHAVEN		7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number, or other location) BAPTIST HOSPITAL - DESOTO17B		7d. IF IN HOSP. OR INST. SPECIFY INPT, OUTPT, EMER, RM, OR DOA INPT	
9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School College (0-12) 8 (1-4) (5+)		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Calvin Youngblood	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) No		13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) American		14. SOCIAL SECURITY NUMBER 425-48-6453	
15a. USUAL OCCUPATION (Kind of work done, most of working life) Seamstress		15b. KIND OF BUSINESS OR INDUSTRY Upstery		16a. RESIDENCE-STATE MS	
16b. COUNTY DeSoto		16c. CITY OR TOWN Hernando		16d. INSIDE CITY LIMITS (Specify Yes or No) No	
16e. STREET AND NUMBER OR RURAL LOCATION 10971 Sunrise Rd.		17. FATHER-NAME First Middle Last Isaac Elton Dover		18. MOTHER-NAME First Middle Maiden Bessie Lee Holley	
19a. INFORMANT-NAME (Type or print) Calvin Youngblood		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 10971 Sunrise Rd. Hernando, MS 38632		20a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
20b. CEMETERY, CREMATORY-NAME Goodnum Cemetery		20c. LOCATION (City and State) Hernando, MS		21a. EMBALMER-SIGNATURE AND NUMBER Eyon A. Brownlee F5794	
21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER Hernando Funeral Home 175		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 140 W. Commerce St. Hernando, MS 38632		22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) GRADY MARLOW, M.D.	
22b. PRONOUNCED DEAD (Month, Day, Year) MARCH 21, 2003		22c. PRONOUNCED DEAD (Hour) AT 7:30 P m		23a. CERTIFIER-NAME (Type or print) MAGDI WASSEF M.D.	
23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 7680 AIRWAYS BLVD SOUTHAVEN, MS 38671		24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE 3/31/03		24b. DATE SIGNED (Month, Day, Year) 3/31/03	
24c. STATE LICENSE NUMBER 13808		24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE 24f. TITLE	
24g. DATE SIGNED (Month, Day, Year)		25. PART I: IMMEDIATE CAUSE (Enter one cause only): (a) Ventricular fibrillation (b) Congestive Heart Failure (c) Chronic obstructive Airway Disease		Interval between onset and death	
26. PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in PART I		27. AUTOPSY (Yes or No)		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)	
29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		29b. DATE OF INJURY (Month, Day, Year)		29c. HOUR OF INJURY m.	
29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED		29e. INJURY AT WORK (Yes or No)		29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)	
29g. LOCATION Street or route number City or town State		29h. LOCATION Street or route number City or town State		29i. LOCATION Street or route number City or town State	

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

APR 10 2003

Judy Moulder
STATE REGISTRAR

WARNING:

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

